

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

COUNTRY FIRST POLITICAL ACTION COMMITTEE, INC. (COUNTRY FIRST PAC)

ADDRESS (number and street)

228 S WASHINGTON STREET SUITE 115

☐ (Check if address is changed)

ALEXANDRIA

CITY ▲

VA

STATE ▲

22314

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

salpupura2010@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.countryfirstpac.com

2. DATE

MM / DD / YYYY  
01 / 24 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00457705

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Davis, Keith, , ,

Signature of Treasurer

Davis, Keith, , ,

[Electronically Filed]







Date

MM / DD / YYYY  
01 / 24 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

1.  FEC ID number 
2.  FEC ID number 
3.  FEC ID number 
4.  FEC ID number 

Write or Type Committee Name

**COUNTRY FIRST POLITICAL ACTION COMMITTEE, INC. (COUNTRY FIRST PAC)****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****MCCAIN, JOHN, , SENATOR,**

Mailing Address

228 S WASHINGTON ST

SUITE 115

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

PURPURA, SALVATORE, A, MR.,

Mailing Address

228 S WASHINGTON ST.

STE. 115

ALEXANDRIA

VA

22314

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number

703

650

5624

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

DAVIS, KEITH, , MR.,

Mailing Address

228 S WASHINGTON ST.

STE. 115

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Title or Position  
TREASURER

Telephone number

703

549

7705

Full Name of  
Designated  
Agent

PURPURA, SAL, , MR.,

Mailing Address

228 S WASHINGTON ST.

STE. 115

ALEXANDRIA

CITY

VA

STATE

22314

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

703

650

5624

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445-A-LAUGHLIN AVE

MCLEAN

CITY

VA

STATE

22101

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

**FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)**

FEC Form 1G (Revised 06/2011)

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**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

**Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

SEDONA PAC

Mailing Address

228 S WASHINGTON ST

SUITE 115

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**Joint Fundraiser Participant**

[ ADDITIONAL ]

FEC ID number

C